





804 N Western Avenue Sioux Falls, SD 57104-2098 Phone: 605-339-2071 Fax: 605-339-1354

May 20, 2008

Mr. Chris Nelson Secretary of State State Capitol, Suite 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070

Dear Mr. Chris Nelson:

An internal audit found that the SD Health Care Association PAC reports for 2007 and 2006 were incorrect. Not all entries of PAC contributions and disbursements were correctly recorded; all contributions were eligible.

Please accept SD Health Care Association PAC amended reports for 2007 and 2006 along with our 2008 report. Thank you.

Sincerely,

Mark B. Deak Executive Director Filed this_

SECRETARY OF STATE

Campaign Finance Disclosure Statement State of South Dakota

RECEIVED MAY 2 2 2003

County, municipal and school candidates file in the office where you filed your nominating petit S.D. SEC. OF STATE Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.

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	ess than \$	10,000. If so, you or	a pre-primary or pre-general really need to complete all of page	-
See pages 28-30 of the Guideli	ne Book f	for specific instruction	ons on completing this report.	
Name of Committee:	SD Healt	th Care Association I	PAC	
Complete Street and Postal A	Address:	804 N Western Ave	e Sioux Falls, SD 57104	
Name of Person Making Rep	ort:	Sarah Ewing		
Daytime Phone Number:	605-339-	2071	Evening Phone Number:	605-339-2071
Email Address: sarahewing	g@sdhca.c	org		
If you are a candidate, what	office are	you seeking:		
If you are a ballot question co with during the reporting pe				
Type of Campaign Statement		pre-prim	nary	
Pre-election, year-end, mid-year	tor ballot	questions only); amen	dment, supplement or termination	n
The following verification m	ast be con	npleted before subn	nitting report.	
VERIFICATION OF PERSON	I MAKIN	IG REPORT		
I, Sarah Ewing of my knowledge and belief it any statement, amendment, or epenalty of fiftyu dollars per day	correction	rrect and complete. required subjects th	e treasurer responsible for filing	timely file
Date: $\frac{\sqrt{2}\alpha/2}{2}$	05			OPPRINTED THE RESIDENCE OF THE SECOND
D : 17 2007	Ver 1.03	Signature of Treasure	!	

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and enter this sum as unitemized contributions on the first line below. Any contribution of more than \$100 or aggregate during a calendar year from an individual and all contributions from political parties and PAC's must be entered as a separate item (itemized) giving the amount, name, residence address, city and state of the contributor. Any contribution from a federal political committee or political committee organized outside this state shall also include the name and internet website address of the filing office where the committee regularly files. Each type of contributor has their own section for itemization. This schedule may

Unitemized Contributions	s from Individuals:	\$3,207.28
Itemized Contributions fr	om Individuale:	
Name	Residence Address	Amount
Lori Peterson	Highmore Healthcare Center, 410 8th St. SE, Highmore, SD 57345	\$132.00
Judy Headley	Menno-Olivet Care Center 402 S Pine Menno, SD 57045	\$101.92
Myron Moore	Good Sam. Society 455 N. Dakota Ave. Corsica, SD 57328	\$112.32
Greg Miller	Lake Andes Healthcare, 740 Lake Street - PO Box 130, Lake Andes, SD 57356	\$150.00
Alecia Zaun	Faulkton Healthcare 1401 Pearl St. Faulkton, SD 57438	\$139.36
Mary Sateren	Fountain Springs AL, 2000 Wesleyan Blvd, Rapid City, SD 57701	\$200.00
Wylie Barnes	Aberdeen Health & Rehab, 1700 N Hwy 281, Aberdeen, SD 57401	\$228.80
Christina Kramp	Golden LivingCenter, 1015 E 3rd St, Redfield, SD 57469	\$150.00
John Larson	Bethany Meadows, 3008 E Aspen Blvd, Brandon, SD 57005	\$137.28
Leslee McCleelland	Wilmot Care Center, 501 4th Street, Wilmot, SD 57279	\$185.00
Michelle Juffer	Good Samaritan Society, 515 W Hwy 46, Wagner, SD 57380	\$120.00

\$1,656.68

Total of Itemized Contributions from Individuals:

Schedule A - Direct Contributions (continued)

Party Name	Address	Amount
Total Contributions from Political Parties:		\$0.00
temized Contributions from South Dakota Politica	l Action Committees (PAC's) or South Dako	ta Candidate
Committees - All contributions must be itemized.		
PAC Name	Address	Amount
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	mittees and South Dakota Candidate Committees:	\$0.00

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Schedule B - In Kind Comport all non-cash contributions of goods or services and the estimated eral political committee or political committee organized ourside this the filing office where the committee regularly files their campaign fire		
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	Total of In Kind Contributions:	\$(
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Itemized Contributions from Federal Political Action Committees or Political Action Committees and Candidate

Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property or other income which is not a direct contribution.

Source of Income	Description of Income	Amount
	Total:	\$0.00

Schedule D - Establishing and Administration of Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or soliciation costs of the political committee.

Organization Name and Categorical Description for Direct Funds	Estimated Value
Total of Administration/Solicitation Costs	: \$0.00

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for **Contributions Made to Candiates and Committees Expenses** Name of Candidate or Committee Item **Amount** Amount Advertising Consulting Postage **Printing** Rent Salaries Telephone Travel Utilities Interest Paid Miscellaneous Other \$525.00 Other 1 Entry to Events

Total Expenditures: \$525.00

Schedule F - Debts and Obligations Owed by Committee

This schedule is to report all of the committee's obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. You must include the terms, interest rate and repayment schedule of each loan and the nature of each obligation.

Owed to - Lender's Name	Nature of Obligation or Terms of Loar	Street Address, City and State	Amount
			\$0.00
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		Total Obligations:	\$0.00

Schedule G - Loans Owed to Committee

This schedule is to report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of Recipient of Loan, Street Address, City and State	Amount of Loan Made During the Reporting Period	Amount of Loan Repaid During the Reporting Period	Balance of Loan at the End of the Reporting Period
Totals:	\$0.00	\$0.00	\$0.00

Net Loaned During Reporting Period:

\$0.00

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1. .	Amount on hand, if any, at the beginning of the reporting period:		\$12,459.75
2.	Receipts		
	Schedule A - Direct Contributions	\$4,863.96	
	Schedule B - In-Kind Contributions	\$0.00	
	Schedule C - Other Income	\$0.00	
	Schedule D - Establishing/Administration of Committee	\$0.00	
	Total of all Receipts	\$4,863.96	
3.	Total Monetary Receipts		\$4,863.96
4.	Candidate's Personal Contribution to Own Campaign		\$0.00
5.	Monetary Loans to Candidate or Committee During Reporting Period		\$0.00
6.	Monetary Loans Repaid During Reporting Period		\$0.00
7.	Expenditures - Schedule E		\$525.00
8.	Debts and Obligations Owed by Committee - Schedule F	\$0.00	
9.	Monetary Loans Made by the Committee During the Reporting Period - Schedule G		\$0.00
10.	Monetary Loans Repaid to Committee During the Reporting Period - Schedule G		\$0.00
11.	Amount on hand at the close of this reporting period. *		\$16,798.71

^{*}Note: You cannot end the reporting period with a negative balance.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.